

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2014 MAY -1 AM 11:39
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

DEMOCRATIC ALLIANCE FOR ACTION

248291 SAGECREST CIRCLE

ADDRESS (number and street)



Check if different
than previously
reported. (ACC)

STEVENSON RAINIER

CA

91131811-2238

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

00407262

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

State

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

State

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOHN M ANDERSON

Signature of Treasurer

John M Anderson

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
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Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

DEMOCRATIC ALLIANCE FOR ACTION

Report Covering the Period:

From:

M	M		D	D		Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M		D	D		Y	Y	Y	Y
0	3		3	1		2	0	1	4

COLUMN A

This Period

COLUMN B

Election Cycle-to-Date

6. Net Contributions (other than loans)

(a) Total Contributions
(other than loans) (from Line 11(e))

539,270

539,270

(b) Total Contribution Refunds
(from Line 20(d))

0

0

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

539,270

539,270

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

785,470

785,470

(b) Total Offsets to Operating
Expenditures (from Line 14)

0

0

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

785,470

785,470

8. Cash on Hand at Close of
Reporting Period (from Line 27)

795,981

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

0

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

0

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

DEMOCRATIC ALLIANCE FOR ACTION

Report Covering the Period: From:

01 / 01 / 2014

To:

03 / 31 / 2014

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees
(i) Itemized (use Schedule A).....

539.27

539.27

(ii) Unitemized.....

0

0

(iii) TOTAL of contributions
from individuals ▶

539.27

539.27

(b) Political Party Committees.....

0

0

(c) Other Political Committees
(such as PACs).....

0

0

(d) The Candidate.....

0

0

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

539.27

539.27

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0

0

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

0

0

(b) All Other Loans.....

0

0

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0

0

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

0

0

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

0

0

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

539.27

539.27

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

78547

78547

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

0

0

19. LOAN REPAYMENTS:
(a) Of Loans Made or Guaranteed
by the Candidate.....

0

0

(b) Of All Other Loans

0

0

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

0

0

20. REFUNDS OF CONTRIBUTIONS TO:
(a) Individuals/Persons Other
Than Political Committees

0

0

(b) Political Party Committees.....

0

0

(c) Other Political Committees
(such as PACs)

0

0

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

0

0

21. OTHER DISBURSEMENTS

0

0

22. TOTAL DISBURSEMENTS
(add Lines 17, 18, 19(c), 20(d), and 21) ►

78547

78547

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

820601

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

53927

25. SUBTOTAL (add Line 23 and Line 24).....

874528

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

78547

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

795981

14031232318

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC ALLIANCE for ACTION

Full Name (Last, First, Middle Initial)

A. PATTIE SULPIZIO

Mailing Address
25626 BARGANCA CT

City Valencia State CA Zip Code 91355

Purpose of Disbursement
Xmas party reimbursement

Candidate Name
N/A

Office Sought: House ☐ Senate ☐ President ☐

Disbursement For: Primary ☐ General ☐ Other (specify) ☐

State: _____ District: _____

Date of Disbursement

1/2/14

Amount of Each Disbursement this Period

100.00

B. PATTIE SULPIZIO

Mailing Address
25626 BARGANCA CT.

City VALENCIA State CA Zip Code 91355

Purpose of Disbursement
Card Reimbursement

Candidate Name
N/A

Office Sought: House ☐ Senate ☐ President ☐

Disbursement For: Primary ☐ General ☐ Other (specify) ☐

State: _____ District: _____

Date of Disbursement

1/23/14

Amount of Each Disbursement this Period

4.29

C. MICHAEL KUIKA

Mailing Address
25645 Wilde Ave

City Stevenson Ranch State CA Zip Code 91381

Purpose of Disbursement
Party reimbursement

Candidate Name
N/A

Office Sought: House ☐ Senate ☐ President ☐

Disbursement For: Primary ☐ General ☐ Other (specify) ☐

State: _____ District: _____

Date of Disbursement

1/23/14

Amount of Each Disbursement this Period

39.58

SUBTOTAL of Disbursements This Page (optional)..... >

TOTAL This Period (last page this line number only)..... >

14031232319

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC ALLIANCE FOR ACTION

Full Name (Last, First, Middle Initial)

A.

U.S. POSTAL SERVICE

Mailing Address

24355 CREEKSIDE RD

City

State

Zip Code

SANTA CLARITA CA 91355

Purpose of Disbursement

P.O. Box

Candidate Name

N/A

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼ N/A

State:

District:

Date of Disbursement

1/26/14

Amount of Each Disbursement this Period

48.00

B.

DIANA SHAW

Mailing Address

21832 GROVE PARK

City

State

Zip Code

SANTA CLARITA CA 91350

Purpose of Disbursement

RE-imb for GFT

Candidate Name

N/A

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼ N/A

State:

District:

Date of Disbursement

2/14/14

Amount of Each Disbursement this Period

43.60

C.

MARIA GLUTZEIT for City Council 2014

Mailing Address

24463 Shackland Dr

City

State

Zip Code

Newhall CA 91321

Purpose of Disbursement

CONTRIBUTION

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼ City

State:

District: City

Date of Disbursement

3/20/14

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

14031232320

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC ALLIANCE FOR ACTION

Full Name (Last, First, Middle Initial)

A.

STEPHEN DANIELS for City Council 2014

Mailing Address

23131 VVETTE LANE

City State Zip Code

Valencia CA 91355

Purpose of Disbursement

CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
Senate
President

Disbursement For:
Primary General
Other (specify) CITY

State: District:

Date of Disbursement

3/22/14

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

UNION BANK OF CALIFORNIA

Mailing Address

P.O. BOX 512380

City State Zip Code

LOS ANGELES CA 90051

Purpose of Disbursement

BANKING

Candidate Name

Category/
Type

Office Sought: House
Senate
President

Disbursement For:
Primary General
Other (specify) BANKING

State: District:

Date of Disbursement

Various

Amount of Each Disbursement this Period

9.00

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
Senate
President

Disbursement For:
Primary General
Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

14031232321

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC ALLIANCE FOR ACTION

Full Name (Last, First, Middle Initial)

Date of Receipt

A.

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

Date of Receipt

B.

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

Date of Receipt

C.

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional).....▶

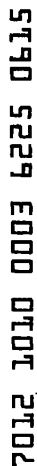
0

TOTAL This Period (last page this line number only).....▶

0

14031232322

329 Sagcrest Circle
Vanessa Pouch, CA 91381



U.S. POSTAGE
PAID
NEWHALL, CA
91321
APR 26, 14
AMOUNT

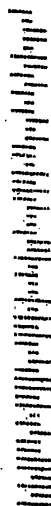
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N
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 8


22

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FEDERAL ELECTION COMMISSION
999 F STREET NW
WASHINGTON, DC 20463



Federal Election Commission
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	5/1/14 DATE PREPARED

(8/2013)

14031232324